



1 PW
Atty. Dkt. No. 053466-0286
164A
8

THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Yasuko OZAKI et al.

Title: IMMUNOCHEMICAL ASSAY
FOR ANTI-HM1.24 ANTIBODY

Appl. No.: 09/622,646

Filing Date: 08/21/2000

Examiner: Deborah A. Davis

Art Unit: 1641

Confirmation Number:
8792

AMENDMENT TRANSMITTAL

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an amendment in the above-identified application.

[X] The fee required for additional claims is calculated below:

	Claims		Extra			Additional
	As	Previously	Claims	Present	Rate	
	Amended	Paid For				Claims Fee
Total Claims:	15	-	20	=	0	x \$50.00 = \$0.00
Independent Claims:	3	-	3	=	0	x \$200.00 = \$0.00
First presentation of any Multiple Dependent Claims:				+	\$360.00	= \$0.00
CLAIMS FEE TOTAL						= \$0.00

[X] Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:

<input type="checkbox"/>	Extension for response filed within the first month:	\$120.00	\$0.00
<input type="checkbox"/>	Extension for response filed within the second month:	\$450.00	\$0.00
[X]	Extension for response filed within the third month:	\$1,020.00	<u>\$1,020.00</u>
<input type="checkbox"/>	Extension for response filed within the fourth month:	\$1,590.00	\$0.00
<input type="checkbox"/>	Extension for response filed within the fifth month:	\$2,160.00	\$0.00
	EXTENSION FEE TOTAL:		<u>\$1,020.00</u>
<input type="checkbox"/>	Statutory Disclaimer Fee under 37 C.F.R. 1.20(d):	\$130.00	\$0.00
	CLAIMS, EXTENSION AND DISCLAIMER FEE TOTAL:		<u>\$1,020.00</u>
<input type="checkbox"/>	Small Entity Fees Apply (subtract ½ of above):		<u>\$0.00</u>
	Extension Fees Previously Paid:		<u>\$0.00</u>
	TOTAL FEE:		<u>\$1,020.00</u>

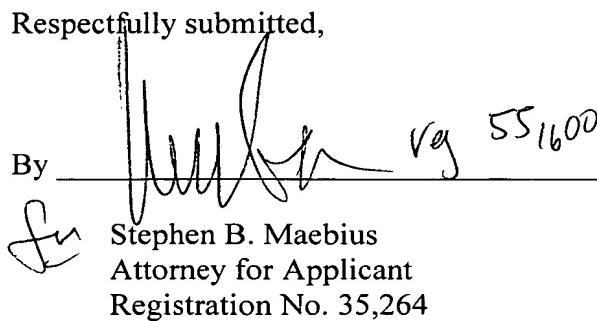
A credit card payment form in the amount of \$1,020.00 is enclosed.

The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by the credit card payment form being unsigned, providing incorrect information resulting in a rejected credit card transaction, or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Date January 26, 2007

FOLEY & LARDNER LLP
Customer Number: 22428
Telephone: (202) 672-5569
Facsimile: (202) 672-5399

Respectfully submitted,

 By _____ *Stephan B. Maebius* *Veg 551600*
SM Stephen B. Maebius
 Attorney for Applicant
 Registration No. 35,264